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FROM Van Mahamedi

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RE Office Action Filing 10/608,255

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### COVER MESSAGE

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Enclosed Herewith

Response to Office Action for Application No.  
10/608,255

Fee Transmittal (in Duplicate)  
5 Sheets of Replacement Drawings  
Information Disclosure Statement  
PTO 1449

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

## METHOD OF PAYMENT (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account: 50-1914

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## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385				Utility filing fee	
1002 340	2002 170				Design filing fee	
1003 530	2003 265				Plant filing fee	
1004 770	2004 385				Reissue filing fee	
1005 160	2005 80				Provisional filing fee	
SUBTOTAL (1) (\$)						

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
Total Claims		-20*		X	Extra Claims from below	
Independent Claims		-3**		X		
Multiple Dependent						
SUBTOTAL (2) (\$)						

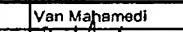
\*or number previously paid, if greater. For Reissues, see above

Complete if Known	
Application Number	10/608,255
Filing Date	June 27, 2003
First Named Inventor	HABA
Examiner Name	ZARROLI
Art Unit	2839
Attorney Docket No.	SIPI-P107

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65				Surcharge - late filing fee or oath	
1052 50	2052 25				Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130				Non-English specification	
1812 2,520	1812 2,520				For filing a request for ex parte reexamination	
1804 920*	1804 920*				Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*				Requesting publication of SIR after Examiner action	
1251 110	2251 55				Extension for reply within first month	
1252 420	2252 210				Extension for reply within second month	
1253 850	2253 475				Extension for reply within third month	
1254 1,480	2254 740				Extension for reply within fourth month	
1255 2,010	2255 1,005				Extension for reply within fifth month	
1401 330	2401 185				Notice of Appeal	
1402 330	2402 165				Filing a brief in support of an appeal	
1403 280	2403 145				Request for oral hearing	
1451 1,510	1451 1,510				Petition to institute a public use proceeding	
1452 110	1452 55				Petition to revive - unavoidable	
1453 1,330	2453 665				Petition to revive - unintentional	
1501 1,330	2501 685				Utility issue fee (or reissue)	
1502 480	2502 240				Design issue fee	
1503 640	2503 320				Plant issue fee	
1460 130	1460 130				Petitions to the Commissioner	
1807 50	1807 50				Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180				Submission of Information Disclosure Stmt	180
8021 40	8021 40				Recording each patent assignment per property (times number of properties)	
1809 770	2809 385				Filing a submission after final rejection (37 CFR 1.128(e))	
1810 770	2810 385				For each additional invention to be examined (37 CFR 1.129(b))	
1801 770	2801 385				Request for Continued Examination (RCE)	
1802 900	1802 900				Request for expedited examination of a design application	
Other fee (specify)						
*Reduced by Basic Filing Fee Paid					SUBTOTAL (3) (\$)	0

SUBMITTED BY		(Complete if applicable)		
Name (First/Type)	Van Mahamedi	Registration No.	42,828	Telephone 408-551-6632
Signature		Date	December 2, 2004	

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PTO/SB/17 (10-03)  
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**TOTAL AMOUNT OF PAYMENT** **(\$)** 180

## Complete if Known

Application Number	10/608,255
Filing Date	June 27, 2003
First Named Inventor	HABA
Examiner Name	ZARROLI
Art Unit	2839
Attorney Docket No.	SIP1-P107

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 50-1914 Deposit Account Name:				

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 Change any additional fee(s) or any underpayment of fee(s)  
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<b>SUBTOTAL (1) (\$)</b>			

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims -20" =	Extra Claims -3" =	Fee from below	Fee Paid

### Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid over original patent
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
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1802 900	1802 900	Request for expedited examination of a design application	
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
<b>SUBTOTAL (3) (\$)</b>			0

(Complete if applicable)

Submitted By	Name (Print/Type)	Van Mahamed	Registration No. (Attorney/Agent)	42,828	Telephone	408-551-6632
Signature		Van Mahamed			Date	December 2, 2004

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